POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO									
I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
I hereby app	oint:		· · · · ·		q			,	
✓ Practitioners associated with the Customer Number: 23690									
OR			•						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
			Registration Number Name						Registration
Name			Number Name						Number
				1 1					
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 23690									
OR									
Firm or	ıl Name								
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City					State			Zip	
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Telephone						Email			
Assignee Name and Address:									
Roche Diagnostics Operations, Inc. 9115 Hague Road Indianapolis, Indiana 46250									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
Th	ne individual	l whose signature a	SIGNATURE and title is supp				ct on behalf	of the a	ssignee
Signature	D. Michael Lying					Date March 22, 2006			
Name	D. Michae	l Young				Telephone 317-521-7340			
Title	Assistant Secretary								